

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/533,595		Filing Date 27 April, 2006			<input type="checkbox"/> To be Mailed				
				Applicant(s) SACKTOR ET AL.						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 08/20/2009		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1					51					
2				1				52					
3				1				53					
4				1				54					
5				1				55					
6				1				56					
7				1				57					
8			1					58					
9				1				59					
10				-				60					
11				-				61					
12			1					62					
13				-				63					
14				1				64					
15				1				65					
16				1				66					
17				-				67					
18				2				68					
19				2				69					
20				2				70					
21				2				71					
22			1					72					
23				-				73					
24			1					74					
25			1					75					
26				1				76					
27				1				77					
28				3				78					
29				1				79					
30				1				80					
31			1					81					
32				1				82					
33				1				83					
34				1				84					
35			1					85					
36				1				86					
37				2				87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep			8					Total Indep					
Total Depend				31				Total Depend					
Total Claims			39					Total Claims					

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